

April 25, 2003

Re: MDR #: M2-03-0529  
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_\_ for an independent review. \_\_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Anesthesia and Pain Management.

Clinical History:

This 43-year-old female claimant sustained a work-related injury to her left buttock and left leg on \_\_\_\_\_. She was treated conservatively with physical therapy, massage therapy, and injections. X-rays of the spine revealed no abnormalities. X-rays of the pelvis, lumbar spine, left shoulder and left ribs revealed some mild bulges at L4-5 and L5-S1, but no central canal stenosis. A total body bone scan revealed a focal area of uptake in the inferior apex of the left scapula, as well as along the left medial calf. However, nothing was noted in the lower lumbar spine or S-1 joints. Nerve conduction studies were within normal limits.

A follow-up examination revealed Bechterew's test positive for sciatic pain. Fabere/Patrick test was positive for pain. Hibbs test for sacroiliac lesions produced pain, and Kemp test also produced pain. There was tenderness noted on this exam in the musculature, but nothing specifically in the sacroiliac area, other than Hibbs test. The patient was tender in the entire lumbar area on the exam. Another exam noted earlier in the chart did reveal tenderness in the sacrum and left sacroiliac joint.

Disputed Services:

Bilateral lumbar facet and sacroiliac joint blocks.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that the lumbar facet blocks are not medically necessary in this case. However, the sacroiliac joint blocks are medically necessary in this case.

Rationale for Decision:

No evidence was found to indicate the necessity of lumbar facet blocks. However, it does appear there is a sacral lesion producing tenderness, in particular on the left, indicating that a sacroiliac block could provide the patient some relief.

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_\_ is deemed to be a Commission decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity** (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on April 25, 2003

Sincerely,